DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I'believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR		TION IN AN OPTICAL TRANS DU MANAGEMENT	SPORT NETWORK RING BASED ON
The application of which ☐ is attached hereto	OR	☐ was filed onas United States Application Non Number(Confirmation No	umber or PCT International Application), and was amended on (if applicable).
I hereby state that I have reviewed and by any amendment specifically referred		ents of the above identified applica	ation, including the claims, as amended
	erial information wh	ich became available between the	efined in 37 CFR 1.56, including for a filing date of the prior application and
	tificate(s), or 365(a) f America, listed be plant breeder's right	of any PCT international applications and have also identified belts certificate(s), or any PCT international applications.	
Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Claimed Yes No
02292589.5	Europe	October 18, 2002	4 🛘
below and, insofar as the subject matter PCT International application in the materials.), or §365(c) of any or of each of the claim anner provided by the naterial to the patentication and the nation	y PCT International application(sims of this application is not disc ne first paragraph of Title 35, Untability of this application as defi	e) designating the United States, listed closed in a listed prior United States or ited States Code, §112, I acknowledge med in 37 C.F.R. 1.56 which occurred

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: Given Name (first and middle [if any]) Virgilio Family Name or Surname Miriello igilio Minello Inventor's Signature Date May 30, 2003 Residence: City Vimercate (Milano) Country Italy State Citizenship Italy Mailing Address: Via Brianza, 12 Vimercate (Milano) State Zip 20059 Country Italy NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Vittorio Family Name or Surname Mascolo 1 stows Inventor's Signature Date May 30, 2003 Country Italy Residence: City Lodivecchio (Lodi) State Citizenship Italy Mailing Address: Via Pietro Nenni, 18 State Zip 26855 City Lodivecchio (Lodi) Country Italy NAME OF THIRD INVENTOR: Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date State Residence: City Country Citizenship Mailing Address: City State Zip Country NAME OF FOURTH INVENTOR: Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address: City State Zip Country NAME OF FIFTH INVENTOR: Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address: City State Zip Country NAME OF SIXTH INVENTOR: Given Name (first and middle [if any]) Family Name or Surname Inventor's Signature Date